

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		14344.34
(b) Cash on Hand at Beginning of Reporting Period	28340.12	
(c) Total Receipts (from Line 19)	123758.00	220284.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152098.12	234628.84
7. Total Disbursements (from Line 31)	69042.94	151573.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83055.18	83055.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	48330.56	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	96150.00	168100.00
(i) Itemized (use Schedule A)	22608.00	47074.50
(ii) Unitemized	118758.00	215174.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs)	123758.00	220174.50
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	110.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123758.00	220284.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	123758.00	220284.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	52049.60	121757.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	52049.60	121757.69
22. Transfers to Affiliated/Other Party Committees.....	5000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	11993.34	19815.97
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	11993.34	19815.97
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	69042.94	151573.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69042.94	151573.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	123758.00	220174.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	123758.00	220174.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52049.60	121757.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	110.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52049.60	121647.69

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Charles Baker

Mailing Address 49 Monument Ave

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Pilgrim Health Ca-
re

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167566

Amount of Each Receipt this Period

3000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Harold Banks

Mailing Address 52 Cliffwood Lane
PO Box 697

City

West Falmouth

State

MA

Zip Code

02574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167570

Amount of Each Receipt this Period

225.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Janet Bayley

Mailing Address 1002 Paradise Rd
DO NOT MAIL

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168153

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Janet Bayley

Mailing Address 1002 Paradise Rd
DO NOT MAIL

City State Zip Code
Swampscott MA 01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168146

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Berry

Mailing Address 133 Weston Rd.

City State Zip Code
Lincoln MA 01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: 80218.C167819

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ann Blackham

Mailing Address 60 Swan Road

City State Zip Code
Winchester MA 01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker

Occupation
Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: 80218.C167688

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

David Brown

Mailing Address PO BOX 672

City

Hyannis Port

State

MA

Zip Code

02647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Tarantino

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 80314.C168035

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nelson Burbank

Mailing Address 24 Juniper Circle

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167567

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Cabot

Mailing Address 1 Tucks Point Road

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: 80218.C167813

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Henry Ciborowski

Mailing Address 16 Beechmont Street

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ciborowski Insurance Agen-
cy

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 80218.C167756

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barry Coffman

Mailing Address 34 Carleton Dr

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boldwater Capital

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 80218.C167711

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David Conlin

Mailing Address 171 Willow Rd.
DO NOT CALL

City

Nahant

State

MA

Zip Code

01908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edwards & Angell, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 80218.C167794

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

William Cooper

Mailing Address 11 Cedar Creek Rd.

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: 80314.C167876

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Theodore Cutler

Mailing Address 33 Commonwealth Ave.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Interface Group

Occupation

Travel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167535

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin Delbridge

Mailing Address 10 Andrea Drive

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborvest Partners

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168145

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Edgar

Mailing Address 24 Peckham Hill Road

City

Sherborn

State

MA

Zip Code

01770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: 80218.C167692

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dianne Fanjoy

Mailing Address 34 Humphrey Street

City

Swampscott

State

MA

Zip Code

01907-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wildon Group, Inc

Occupation
Corporate Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 80314.C168034

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Gannett

Mailing Address 144 Freedom St.

City

Hopedale

State

MA

Zip Code

01747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167564

Amount of Each Receipt this Period

1200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Janet Garon

Mailing Address PO BOX 24

City

Southbridge

State

MA

Zip Code

01550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southbridge Savings Bank

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: 80218.C167639

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Clark Griffith

Mailing Address 15 Lakeview St.
P.O. Box 127

City

Carver

State

MA

Zip Code

02366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: 80314.C167871

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Higgins

Mailing Address One Chestnut St
DO NOT MAIL

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Capital Partners

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167563

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

George Hoguet

Mailing Address 17 Chesam Rd.

City

Brookline

State

MA

Zip Code

02146

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Street Global Advis-
ors

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168148

Amount of Each Receipt this Period

6000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William K. Hoskins

Mailing Address 85 E India Row Apt 20 A/B

City

Boston

State

MA

Zip Code

02110-3348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoskins & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: 80218.C167637

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City

Boston

State

MA

Zip Code

02108-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. Jeffries Consultants

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: 80314.C168134

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jeanne Kangas

Mailing Address 959 Hill Rd

City

Boxborough

State

MA

Zip Code

01719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold & Kangas, P.C.

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 80314.C168213

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marilyn Kim

Mailing Address 84 Stewart Rd.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dedham Medical Assoc., In-
c.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: 80218.C167643

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marilyn Kim

Mailing Address 84 Stewart Rd.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dedham Medical Assoc., In-
c.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: 80314.C167865

Amount of Each Receipt this Period

150.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Landry

Mailing Address 250 Boylston St.
#6

City State Zip Code
Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Assoc

Occupation
Mgr Director & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167533

Amount of Each Receipt this Period

15000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin Landry

Mailing Address 250 Boylston St.
#6

City State Zip Code
Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Assoc

Occupation
Mgr Director & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: 80314.C167861

Amount of Each Receipt this Period

-5000.00

Memo

[MEMO ITEM]

k. landry, transfer of excess from fed to non-fed

C.

Full Name (Last, First, Middle Initial)

Caleb Loring

Mailing Address 567 Hale Street
Box 235

City State Zip Code
Prides Crossing MA 01965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168147

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Harvey Mansfield

Mailing Address 27 Raymond St

City

Cambridge

State

MA

Zip Code

02140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 80314.C168195

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Susan Mattes

Mailing Address 9 Hardy Road

City

Marlborough

State

MA

Zip Code

01752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Astrazeneca R&D Boston

Occupation
Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 80218.C167796

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Medgyesy

Mailing Address 64 Stone Hedge Ln.

City

Attleboro

State

MA

Zip Code

02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167575

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Edward Michaud

Mailing Address 12 Highland St.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167547

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edward Michaud

Mailing Address 12 Highland St.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 80218.C167738

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alan Morse

Mailing Address 160 Aspinwall Avenue
Unit 1

City

Brookline

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 8

Transaction ID: 80218.C167834

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

W. Hugh Morton

Mailing Address 1480 Drift Road

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Law Office

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: 80218.C167636

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frederick Muzi

Mailing Address 10 Powisset St.

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 80218.C167709

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Carl Nazzaro

Mailing Address 941 Humphrey St.

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
MBTA

Occupation
Foreman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167539

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Carl Nazzaro

Mailing Address 941 Humphrey St.

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer
MBTA

Occupation
Foreman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168156

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Paul Owens

Mailing Address PO Box 920390

City

Needham

State

MA

Zip Code

02492-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
IntrinsicQ, Inc

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167541

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Reynolds

Mailing Address 153 Garfield Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 80218.C167792

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Alfred Rossow

Mailing Address 25 Epping Way

City

Marshfield

State

MA

Zip Code

02050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tully & Holland, Inc.

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168149

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Sampson

Mailing Address 8 Sheffield Rd.

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Alarm & Commun.,
Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 80218.C167793

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City

Newton

State

MA

Zip Code

02458-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pyramis Global Advisors

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C167565

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Sorrenti

Mailing Address 11 Otsego Road

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 80218.C167758

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lee Sprague

Mailing Address 89 Mount Vernon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Real Estate Mngr/Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: 80218.C167731

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: 80218.C167638

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

David Stone

Mailing Address 24 Liberty Street

City

Acton

State

MA

Zip Code

01720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Tree Advisors, LLC

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: 80218.C167795

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Constance V R White

Mailing Address 68 Beacon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 80314.C168150

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stuart Whitlock

Mailing Address 101 Orange St

City

Nantucket

State

MA

Zip Code

02554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oppenheimer and Company

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: 80218.C16815

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Albert Wilson

Mailing Address 29 Concord Court

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spaulding and Slye Collins

Occupation

Real Estate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 80218.C167710

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 3 Jonas Stone Circle

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: 80314.C168214

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Woodward

Mailing Address 4 Guzzle Brook Drive

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Investment Technology Gro-
up

Occupation

Software Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: 80314.C167873

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Young

Mailing Address 22 Point Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Welch & Forbes

Occupation

Investment Adviser

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 80218.C167530

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

96150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Liberty Mutual PAC

Mailing Address Paul Mattera

175 Berkeley Street

City

Boston

State

MA

Zip Code

02117

FEC ID number of contributing
federal political committee.

C C00171843

Name of Employer
PAC

Occupation

FEC ID:C00171843

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: 80314.C168194

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Payment of debt for direct mail - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10187

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

5311.00

PAYMENT OF DEBT FOR DIRECT
MAIL - PARTY RELATED NON
FEA

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement
Direct Mail and telemarketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10186

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

DIRECT MAIL AND TELEMARKE-
TING

C.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center
401 Park Drive

City Boston State MA Zip Code 02215-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10230

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

2280.52

HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)

12591.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Patton Boggs LLP

Mailing Address 2550 M. St. N.W.

City
Washington

State
DC

Zip Code
20037-

Purpose of Disbursement
Legal Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10191

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

2042.15

LEGAL FEE

B.

Full Name (Last, First, Middle Initial)

Patton Boggs LLP

Mailing Address 2550 M. St. N.W.

City
Washington

State
DC

Zip Code
20037-

Purpose of Disbursement
Legal Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10190

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

2120.50

LEGAL FEE

C.

Full Name (Last, First, Middle Initial)

Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City
Brookline

State
MA

Zip Code
02445-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10199

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1026.00

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

5188.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City
Los Angeles

State
CA

Zip Code
90060-0036

Purpose of Disbursement

Cable Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10217

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

95.95

CABLE SERVICE

B.

Full Name (Last, First, Middle Initial)

ENlisson ENilsson

Mailing Address 6 Depot Street

City
Westford

State
MA

Zip Code
01886-

Purpose of Disbursement

Payment of debt for IT support party related non fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10223

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1252.00

PAYMENT OF DEBT FOR IT SU-
Pपोर्ट PARTY RELATED NON
FEA

C.

Full Name (Last, First, Middle Initial)

ENlisson ENilsson

Mailing Address 6 Depot Street

City
Westford

State
MA

Zip Code
01886-

Purpose of Disbursement

Payment of debt for IT support party related non fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90513.E11305

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

411.94

PAYMENT OF DEBT FOR IT SU-
Pपोर्ट PARTY RELATED NON
FEA

SUBTOTAL of Disbursements This Page (optional)

1759.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

ENlisson ENilsson

Mailing Address 6 Depot Street

City
Westford

State
MA

Zip Code
01886-

Purpose of Disbursement

Payment of debt for IT support party related non fea

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 90513.E11304

Date of Disbursement

/ /

Amount of Each Disbursement this Period

360.00

PAYMENT OF DEBT FOR IT SU-
PPORT PARTY RELATED NON
FEA

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement

Express Mail

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80314.E10185

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.17

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Fleet Bank

Mailing Address 100 Federal Street

City
Boston

State
MA

Zip Code
02110-

Purpose of Disbursement

Bank Service Charge -excess fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80415.E10343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

108.00

BANK SERVICE CHARGE -EXCE-
SS FEE

SUBTOTAL of Disbursements This Page (optional)

493.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E10165

Date of Disbursement

02 / 03 / 2008

Amount of Each Disbursement this Period

408.56

INSURANCE

B.

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10231

Date of Disbursement

02 / 09 / 2008

Amount of Each Disbursement this Period

2064.86

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)

Political Ink Inc

Mailing Address Martin Baker
2924 Bells Road

City Richmond State VA Zip Code 23234-

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10205

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1125.00

PRINTING

SUBTOTAL of Disbursements This Page (optional)

3598.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10197

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

185.92

REIMBURSEMENT FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement for lodging and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10198

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

598.75

REIMBURSEMENT FOR LODGING
AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
L. Jones Reimbursement for food and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10225

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

158.70

L. JONES REIMBURSEMENT FOR
FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

943.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80314.E10204 Date of Disbursement
Mailing Address 43 Eastern Ave. Apt. 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Lynn State MA Zip Code 01902- Purpose of Disbursement Payroll - internship Candidate Name	Amount of Each Disbursement this Period <div>945.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL - INTERNSHIP
B. Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80314.E10213 Date of Disbursement
Mailing Address 43 Eastern Ave. Apt. 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 8</div> </div>
City Lynn State MA Zip Code 01902- Purpose of Disbursement pay - internship Candidate Name	Amount of Each Disbursement this Period <div>700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAY - INTERNSHIP
C. Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80314.E10227 Date of Disbursement
Mailing Address 43 Eastern Ave. Apt. 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 8</div> </div>
City Lynn State MA Zip Code 01902- Purpose of Disbursement Internship Candidate Name	Amount of Each Disbursement this Period <div>700.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type INTERNSHIP

SUBTOTAL of Disbursements This Page (optional)

2345.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E10341

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

360.30

CTEDIT CARD PROCESSING FEE

B.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E10342

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

25.00

CTEDIT CARD PROCESSING FEE

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80415.E10340

Date of Disbursement

02 / 02 / 2008

Amount of Each Disbursement this Period

25.00

CTEDIT CARD PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

410.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80415.E10339 Date of Disbursement <div>02 / 02 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>74.99</div></p> <p>CTEDIT CARD PROCESSING FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.</p> <p>Mailing Address PO Box 200105</p> <p>City Pittsburgh State PA Zip Code 15251-</p> <p>Purpose of Disbursement Payment of debt for IT Support party related non fea</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80314.E10202 Date of Disbursement <div>02 / 04 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1652.00</div></p> <p>PAYMENT OF DEBT FOR IT SU- PPORT PARTY RELATED NON FEA</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Konica Minolta Business Systems</p> <p>Mailing Address P.O. Box 7247-0322</p> <p>City Philadelphia State PA Zip Code 19170-0322</p> <p>Purpose of Disbursement Copier Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80314.E10188 Date of Disbursement <div>02 / 11 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>708.76</div></p> <p>COPIER RENTAL</p>

SUBTOTAL of Disbursements This Page (optional)

2435.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10222

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

730.51

COPIER RENTAL

B. Full Name (Last, First, Middle Initial)
Paychex/InterPay

Mailing Address PO Box 8295

City Boston State MA Zip Code 02266-

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E10180

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

2288.71

PAYROLL TAXES

C. Full Name (Last, First, Middle Initial)
Paychex/InterPay

Mailing Address PO Box 8295

City Boston State MA Zip Code 02266-

Purpose of Disbursement
Payroll-401k

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E10181

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1153.85

PAYROLL-401K

SUBTOTAL of Disbursements This Page (optional)

4173.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80314.E10259 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service charge Candidate Name	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SERVICE CHARGE																				
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80314.E10209 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll - 401k Candidate Name	<table border="1"> <tr> <td colspan="10">1153.85</td> </tr> </table>	1153.85																			
1153.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - 401K																				
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80314.E10210 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	8												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">2264.21</td> </tr> </table>	2264.21																			
2264.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL TAXES																				

SUBTOTAL of Disbursements This Page (optional)

3578.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 80314.E10226 Date of Disbursement																				
Mailing Address JW MCCORMACK STATION New Chardon Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	8												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage - general Candidate Name	<table border="1"> <tr> <td colspan="10">410.00</td> </tr> </table>	410.00																			
410.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ POSTAGE - GENERAL																				
B. Full Name (Last, First, Middle Initial) Steven Roche	Transaction ID: 80314.E10220 Date of Disbursement																				
Mailing Address 4 Leblanc Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	1		2	0	0	8												
City Danvers State MA Zip Code 01923-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising consulting services Candidate Name	<table border="1"> <tr> <td colspan="10">7000.00</td> </tr> </table>	7000.00																			
7000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FUNDRAISING CONSULTING SE- RVICES																				
C. Full Name (Last, First, Middle Initial) Company Stubblebine	Transaction ID: 80314.E10203 Date of Disbursement																				
Mailing Address One Cranberry Hill	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City Lexington State MA Zip Code 02421-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Room rental Candidate Name	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ROOM RENTAL																				

SUBTOTAL of Disbursements This Page (optional)

7560.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 80314.E10193 Date of Disbursement																				
Mailing Address PO Box 790047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	8												
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone services	<table border="1"> <tr> <td>4</td><td>0</td><td>9</td><td>.</td><td>3</td><td>8</td> </tr> </table>	4	0	9	.	3	8														
4	0	9	.	3	8																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SERVICES																				
B. Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 80314.E10189 Date of Disbursement																				
Mailing Address 445 Malden St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	0	8												
City Holden State MA Zip Code 01520-	Amount of Each Disbursement this Period																				
Purpose of Disbursement M. Talancy reimbursement for mileage	<table border="1"> <tr> <td>9</td><td>6</td><td>.</td><td>0</td><td>0</td> </tr> </table>	9	6	.	0	0															
9	6	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ M. TALANCY REIMBURSEMENT FOR MILEAGE																				
C. Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80314.E10200 Date of Disbursement																				
Mailing Address 1 Stony Brook Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement - see below	<table border="1"> <tr> <td>2</td><td>5</td><td>6</td><td>.</td><td>8</td><td>0</td><td>0</td> </tr> </table>	2	5	6	.	8	0	0													
2	5	6	.	8	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ REIMBURSEMENT - SEE BELOW																				

SUBTOTAL of Disbursements This Page (optional)**3073.38****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
JFK/New Chardon Stre Postmaster-

Mailing Address 25 New Chardon Street

City State Zip Code
Boston MA 02114-

Purpose of Disbursement
P. Torkildsen reimbursement for postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80317.E10261

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2008

Amount of Each Disbursement this Period

2568.00

[MEMO ITEM]

MEMO: P. TORKILDSEN REIMB-
URSEMENT FOR POSTAGE

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 1

City State Zip Code
Worcester MA 01654-

Purpose of Disbursement
Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10194

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2008

Amount of Each Disbursement this Period

619.17

PHONE

C. Full Name (Last, First, Middle Initial)
Verizon Internet Services

Mailing Address PO Box 101096

City State Zip Code
Atlanta GA 30392-

Purpose of Disbursement
Internet Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10219

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2008

Amount of Each Disbursement this Period

767.62

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional)

1386.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement

R. Willington Reimbursement for food and travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80314.E10195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1234.94

R. WILLINGTON REIMBURSEMENT FOR FOOD AND TRAVEL

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement

R. Willington Reimbursement for lodging food and travel

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 80314.E10228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1105.83

R. WILLINGTON REIMBURSEMENT FOR LODGING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

2340.77

TOTAL This Period (last page this line number only)

51878.14

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
k. landry transfer of excess from fed to non-fed

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 53

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City
Wakefield

State
MA

Zip Code
01880-

Purpose of Disbursement
Payroll - Administration

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL - ADMINISTRATION

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E10177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City Columbus State OH Zip Code 43215-

Purpose of Disbursement
Payment of Debt for FEA Get Out the Vote Mailing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10201

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period

4000.00

PAYMENT OF DEBT FOR FEA
GET OUT THE VOTE MAILING

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E10179

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period

805.75

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80314.E10207

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Amount of Each Disbursement this Period

806.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5612.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E10178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1430.52

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80314.E10208

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1430.52

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2861.04

TOTAL This Period (last page this line number only)

11993.34

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Payment of debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

5311.00

Transaction ID: LS80314.E10187

Amount Incurred This Period

0.00

Payment This Period

5311.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

3814.75

Transaction ID: LS90513.E11249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3814.75

1) SUBTOTALS This Period This Page (optional).....

13795.20

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 / 53

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3909.25

Transaction ID: LS90513.E11248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3909.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

15.37

Transaction ID: LS90513.E11251

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

13.11

Transaction ID: LS90513.E11254

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13.11

1) **SUBTOTALS** This Period This Page (optional).....

3937.73

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 48 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

9851.63

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENIlsson ENIlssonNature of Debt (Purpose):
Payment of debt for IT su-
pport party related non
fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

1252.00

Transaction ID: LS80314.E10223

Amount Incurred This Period

0.00

Payment This Period

1252.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENIlsson ENIlssonNature of Debt (Purpose):
Payment of debt for IT su-
pport party related non
fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

360.00

Transaction ID: LS90513.E11304

Amount Incurred This Period

0.00

Payment This Period

360.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1250.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENlisson ENilssonNature of Debt (Purpose):
Payment of debt for IT su-
pport party related non
fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

411.94

Transaction ID: LS90513.E11305

Amount Incurred This Period

0.00

Payment This Period

411.94

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

1280.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 51 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Payment of debt for IT Su-
pport party related non
fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS80314.E10202

Amount Incurred This Period

0.00

Payment This Period

1652.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Supp-
ort party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

1) SUBTOTALS This Period This Page (optional).....

2292.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 52 / 53

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

1636.00

Transaction ID: LS90513.E11292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1636.00

1) SUBTOTALS This Period This Page (optional).....

4924.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 53 / 53

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Communication, Inc. Majority

 Nature of Debt (Purpose):
 Payment of Debt for FEA
 Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City	State	ZIP Code
Columbus	OH	43215-

Outstanding Balance Beginning This Period

15000.00

Transaction ID: LS80314.E10201

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

11000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

11000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

48330.56

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

48330.56